

ratio for adults (consistent with section 2707(c)) as the State may determine”.

SEC. 204. WAIVERS FOR STATE INNOVATION.

(a) IN GENERAL.—Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052) is amended—

(1) in subsection (a)—

(A) in paragraph (1)—

(i) in subparagraph (B)—

(I) by amending clause (i) to read as follows:

“(i) a description of how the State plan meeting the requirements of a waiver under this section would, with respect to health insurance coverage within the State—

“(I) take the place of the requirements described in paragraph (2) that are waived; and

“(II) provide for alternative means of, and requirements for, increasing access to comprehensive coverage, reducing average premiums, providing consumers the freedom to purchase the health insurance of their choice, and increasing enrollment in private health insurance; and”; and

(II) in clause (ii), by striking “that is budget neutral for the Federal Government” and inserting “, demonstrating that the State plan does not increase the Federal deficit”; and

(ii) in subparagraph (C), by striking “the law” and inserting “a law or has in effect a certification”;;

(B) in paragraph (3)—

(i) in the first sentence, by inserting “or would qualify for a reduction in” after “would not qualify for”;;

(ii) by adding after the second sentence the following: “A State may request that all of, or any portion of, such aggregate amount of such credits or reductions be paid to the State as described in the first sentence.”;

(iii) in the paragraph heading, by striking “PASS THROUGH OF FUNDING” and inserting “FUNDING”;;

(iv) by striking “With respect” and inserting the following:

“(A) PASS THROUGH OF FUNDING.—With respect”; and

(v) by adding at the end the following:

“(B) ADDITIONAL FUNDING.—There is authorized to be appropriated, and is appropriated, to the Secretary of Health and Human Services, out of monies in the Treasury not otherwise obligated, \$2,000,000,000 for fiscal year 2017, to remain available until the end of fiscal year 2019, to provide grants to States for purposes of submitting an application for a waiver granted under this section and implementing the State plan under such waiver.

“(C) AUTHORITY TO USE MARKET-BASED HEALTH CARE GRANT ALLOTMENT.—If the State has an application for an allotment under section 2105(i) of the Social Security Act for the plan year, the State may use the funds available under the State’s allotment for the plan year to carry out the State plan under this section, so long as such use is consistent with the requirements of paragraphs (1) and (7) of section 2105(i) of such Act (other than paragraph (1)(B) of such section). Any funds used to carry out a State plan under this subparagraph shall not be considered in determining whether the State plan increases the Federal deficit.”; and

(C) in paragraph (4), by adding at the end the following:

“(D) EXPEDITED PROCESS.—The Secretary shall establish an expedited application and approval process that may be used if the Secretary determines that such expedited process is necessary to respond to an urgent or emergency situation with respect to health insurance coverage within a State.”;

(2) in subsection (b)—

(A) in paragraph (1)—

(i) in the matter preceding subparagraph (A)—

(I) by striking “may” and inserting “shall”; and

(II) by striking “only if” and inserting “unless”; and

(ii) by striking “plan—” and all that follows through the period at the end of subparagraph (D) and inserting “application is missing a required element under subsection (a)(1) or that the State plan will increase the Federal deficit, not taking into account any amounts received through a grant under subsection (a)(3)(B).”;;

(B) in paragraph (2)—

(i) in the paragraph heading, by inserting “OR CERTIFY” after “LAW”;;

(ii) in subparagraph (A), by inserting before the period “, and a certification described in this paragraph is a document, signed by the Governor, and the State insurance commissioner, of the State, that provides authority for State actions under a waiver under this section, including the implementation of the State plan under subsection (a)(1)(B).”; and

(iii) in subparagraph (B)—

(I) in the subparagraph heading, by striking “OF OPT OUT”; and

(II) by striking “may repeal a law” and all that follows through the period at the end and inserting the following: “may terminate the authority provided under the waiver with respect to the State by—

“(i) repealing a law described in subparagraph (A); or

“(ii) terminating a certification described in subparagraph (A), through a certification for such termination signed by the Governor, and the State insurance commissioner, of the State.”;

(3) in subsection (d)(2)(B), by striking “and the reasons therefore” and inserting “and the reasons therefore, and provide the data on which such determination was made”; and

(4) in subsection (e), by striking “No waiver” and all that follows through the period at the end and inserting the following: “A waiver under this section—

“(1) shall be in effect for a period of 8 years unless the State requests a shorter duration;

“(2) may be renewed for unlimited additional 8-year periods upon application by the State; and

“(3) may not be cancelled by the Secretary before the expiration of the 8-year period (including any renewal period under paragraph (2)).”.

(b) APPLICABILITY.—Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052) shall apply as follows:

(1) In the case of a State for which a waiver under such section was granted prior to the date of enactment of this Act, such section 1332, as in effect on the day before the date of enactment of this Act shall apply to the waiver and State plan.

(2) In the case of a State that submitted an application for a waiver under such section prior to the date of enactment of this Act, and which application the Secretary of Health and Human Services has not approved prior to such date, the State may elect to have such section 1332, as in effect on the day before the date of enactment of this Act, or such section 1332, as amended by subsection (a), apply to such application and State plan.

(3) In the case of a State that submits an application for a waiver under such section on or after the date of enactment of this Act, such section 1332, as amended by subsection (a), shall apply to such application and State plan.

SEC. 205. ALLOWING ALL INDIVIDUALS PURCHASING HEALTH INSURANCE IN THE INDIVIDUAL MARKET THE OPTION TO PURCHASE A LOWER PREMIUM CATASTROPHIC PLAN.

(a) IN GENERAL.—Section 1302(e) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(e)) is amended by adding at the end the following:

“(4) CONSUMER FREEDOM.—For plan years beginning on or after January 1, 2019, paragraph (1)(A) shall not apply with respect to any plan offered in the State.”.

(b) RISK POOLS.—Section 1312(c) of the Patient Protection and Affordable Care Act (42 U.S.C. 18032(c)) is amended—

(1) in paragraph (1), by inserting “and including, with respect to plan years beginning on or after January 1, 2019, enrollees in catastrophic plans described in section 1302(e)” after “Exchange”; and

(2) in paragraph (2), by inserting “and including, with respect to plan years beginning on or after January 1, 2019, enrollees in catastrophic plans described in section 1302(e)” after “Exchange”.

SEC. 206. APPLICATION OF ENFORCEMENT PENALTIES.

(a) IN GENERAL.—Section 2723 of the Public Health Service Act (42 U.S.C. 300gg–22) is amended—

(1) in subsection (a)—

(A) in paragraph (1), by inserting “and of section 1303 of the Patient Protection and Affordable Care Act” after “this part”; and

(B) in paragraph (2), by inserting “or in such section 1303” after “this part”; and

(2) in subsection (b)—

(A) in paragraphs (1) and (2)(A), by inserting “or section 1303 of the Patient Protection and Affordable Care Act” after “this part” each place such term appears;

(B) in paragraph (2)(C)(ii), by inserting “and section 1303 of the Patient Protection and Affordable Care Act” after “this part”.

(b) EFFECT OF WAIVER.—A State waiver pursuant to section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052) shall not affect the authority of the Secretary to impose penalties under section 2723 of the Public Health Service Act (42 U.S.C. 300gg–22).

SEC. 207. FUNDING FOR COST-SHARING PAYMENTS.

There is appropriated to the Secretary of Health and Human Services, out of any money in the Treasury not otherwise appropriated, such sums as may be necessary for payments for cost-sharing reductions authorized by the Patient Protection and Affordable Care Act (including adjustments to any prior obligations for such payments) for the period beginning on the date of enactment of this Act and ending on December 31, 2019. Notwithstanding any other provision of this Act, payments and other actions for adjustments to any obligations incurred for plan years 2018 and 2019 may be made through December 31, 2020.

SEC. 208. REPEAL OF COST-SHARING SUBSIDY PROGRAM.

(a) IN GENERAL.—Section 1402 of the Patient Protection and Affordable Care Act is repealed.

(b) EFFECTIVE DATE.—The repeal made by subsection (a) shall apply to cost-sharing reductions (and payments to issuers for such reductions) for plan years beginning after December 31, 2019.

PRIVILEGES OF THE FLOOR

Mr. SCHUMER. Mr. President, I ask unanimous consent that Bruce King, Charlie Ellsworth, Veronica Duron, and Matthew Fuentes of my staff be given all-access passes to the floor during the consideration of H.R. 1628.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. BLUMENTHAL. Mr. President, I ask unanimous consent that Julia Rhodes and Kyle Wesson, fellows in my office, be granted floor privileges for the remainder of the debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

ORDERS FOR THURSDAY, JULY 27,
2017

Mr. ENZI. Madam President, I ask unanimous consent that when the Sen-

ate completes its business today, it adjourn until 10 a.m. on Thursday, July 27; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; further, that following leader remarks, the Senate resume consideration of H.R. 1628, with the time until 2:15 p.m. equally divided between the two leaders or their designees; and finally, that at 2:15 p.m., the Senate vote in relation to the

Daines amendment No. 340, as modified.

The PRESIDING OFFICER. Without objection, it is so ordered.

ADJOURNMENT UNTIL 10 A.M.
TOMORROW

Mr. ENZI. Madam President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order.

There being no objection, the Senate, at 7:57 p.m., adjourned until Thursday, July 27, 2017, at 10 a.m.